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ABSTRACT

While the geriatric population covers an age range of 30 to 40 years people over age 60 are often treated as a homogenous group. To study the possibility of age changes and differences within the older population, data were collected from the charts of 60 patients (randomly selected within each of three age groups: 60-69, 70-79, 80-89) of an urban, comprehensive-care outpatient hospital geriatric clinic. The effects of different chronological ages (between 60-89) and demographic factors (marital status, education, and gender) on aspects of physical and mental health (extent and nature of problems) were analyzed. The results suggested minimal differential effects of age per se on physical and mental health within a geriatric population. When differences in the extent of problems were noted, they seemed to be attributable to factors other than age, i.e., education levels or gender. Also, initial evaluations were less revealing of subjects' psychosocial and concrete service problems than were later follow-up evaluations. (Nine tables of collected data are included.) (Author/BH)

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DIFFERENTIAL EFFECTS OF AGE WITHIN A GERIATRIC POPULATION

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Abstract

Older people above 60 are often treated as a homogeneous group, but in reality, the geriatric population covers a span of 30-40 years. This study considered whether there are age changes and differences within an older population which might have bearings on treatment approaches. Data are from a sample of 60 patients (randomly selected within each of three age groups: 60-69, 70-79, 80-89) of an urban, comprehensive-care outpatient hospital geriatric clinic. Patient charts provided retrospection of subjects' physical and mental health states over time.

The effects of different chronological ages (between 60-89) and demographic factors (marital status, education and gender) on aspects of physical and mental health (extent and nature of problems) were analyzed. The results suggest minimal differential effects of age per se on physical and mental health within a geriatric population, but some variability of effects depending on age by demographic interactions. Also, initial evaluations, on the whole, were less revealing of subjects' psychosocial and concrete service problems than were later follow-up evaluations.

Two inferences which can be drawn from the emergence of gerontology as a field of interest in its own right are that (1) those who fall within the 'geriatric' category are somehow different than those who do not and (2) those in the former group merit differential treatment and service than do those in the latter group. The basic rationale for the establishment of specialized gerontology and geriatric training and service programs stems from these two inferences. Geriatric professionals are trained to be sensitive to age-related problems and differences and to provide treatment which is particularly appropriate to the older age group. Among those features widely acknowledged as distinguishing between geriatric and non-geriatric individuals (aside from chronological age) are (1) increase with advancing age of acquiring certain physical illnesses, (2) increase in risk of developing a dementing condition, (3) increase in risk of facing certain psychosocial problems (e.g., loss of spouse, friends, social roles), (4) increase in risk of facing certain concrete services problems (e.g., reduction in income, deterioration in housing, increasing inaccessability of transportation services) and (5) increase in likelihood of functioning at a slowed pace.

While the growth of the field of gerontology has led to more age-appropriate services for older people, specific needs of persons of different ages within the geriatric population have been little studied. At best, it is sometimes assumed that, with advancing age past 60 years, people primarily become increasingly at risk to acquire the above features.

The present study is a systematic attempt to explore the presence and nature of intrageriatric differences which might have implications for service delivery.

Method

Data are from a sample of 60 subjects, randomly selected within each of three age groups: 60-69, 70-79, 80-89. All subjects are patients at an urban, comprehensive-care, outpatient hospital geriatric clinic. To be included in the study, subjects had to have had at least five clinic appointments (this criterion was set to assure the obtaining of at least minimal information on each subject).

Patient charts provided retrospection of subjects' ages, demographic backgrounds and medical, psychosocial and concrete service problems over time. The reporter of the problem (patient versus staff) was noted whenever distinction in the chart was possible.

There are four independent variables in this study: (1) age (three levels: 60-69, 70-79, 80-89), (2) gender (two levels: male, female), (3) education (three levels: less than high school graduate, high school graduate/some college but not college graduate, college graduate and beyond) and (4) marital status (four levels: married, widowed, separated/divorced, never married). There are eight dependent variables in the study: (1) number of total problems noted at first evaluation, (2) number of medical problems noted at first evaluation, (3) number of psychosocial problems noted at first evaluation, (4) number of concrete service problems noted at first evaluation, (5) number of total problems noted across all appointments, (6) number of medical problems noted across all appointments, (7) number of psychosocial problems noted across all appointments and (8) number of concrete service problems noted across all appointments.

Results and Conclusions

Table I lists basic descriptive characteristics of the sample. As can be seen, the overall mean age of the sample is 74.43 years, with the mean age in each decade being 65.65, 73.75 and 83.90 years, respectively. The overall ratio of male to female subjects in the sample is 11:49; the ratio of subjects in both the 60's and 80's subgroups is 5:15, of subjects in the 70's subgroup, 1:19. Mean education for the entire sample is 10.75 years (11.17 for males, 10.66 for females), with mean education in the three decades not significantly differing from each other (11.09 for the 60's subgroup, 10.08 for the the 70's subgroup and 11.22 for the 80's subgroup).

Marital status of the overall sample is such that just over one-third of the sample (22 subjects) are widowed (two subjects in the 60's subgroup, 11 subjects in the 70's subgroup and nine subjects in the 60's subgroup, suggesting a marked increase in widowhood in the 70's subgroup). The next greatest number of subjects are never married (six in the 60's subgroup, four in the 70's subgroup and six in the 80's subgroup). 17% of the overall sample is married (five subjects in the 60's subgroup, two in the 70's subgroup and three in the 80's subgroup). Only 12% of the entire sample is separated or divorced and most of these are people in their 60's (five subjects; only two subjects in the 70's subgroup and none in the 80's subgroup fall into this category).

Total number of appointments of subjects range from five to 80, with a mean of 19. Total length of time subjects were followed for these appointments range from several months to six years.

Table I

CHARACTERISTICS OF SAMPLE

	Total	60-69	70-79	80-89
N	80	20	20	20
Age at initial contact				
Mean	74.43	65.65	73.75	83.90
Range	61-88	61-69	70-79	80-88
Education				
Mean	10.75	11.09	10.08	11.22
Range	0-19	2-19	0-16	4-16
Gender				
N males	11	5	1	5
N females	49	15	19	15
Marital status				
N married	10	5	2	3
N widowed	22	2	11	9
N divorced/ separated	7	5	2	0
N never married	16	6	4	6
N don't know	5	2	1	2

Table II illustrates that fact that, based on reports at first evaluations, persons in their 60's, 70's and 80's exhibit no significant differences from each other in terms of number of total, medical, psychosocial or concrete service problems (as analyzed by one-way ANOVAs). With increasing age, there is no clear increment in problems in any of these areas. In addition, patients and staff in the study reported strikingly similar extents of problems except that the 80's subgroup viewed itself as having considerably fewer medical problems than as viewed by the staff (1.20 to 2.85 problems, respectively). Subjects in the study average two to three medical problems, less than one to one psychosocial problem and less than one concrete service prolem at first evaluation. (One needs to keep in mind that this comprehensive-care clinic is based in a large general medical center, which likely accounts at least in part for the large preponderance of medical problems noted.)

Tables III, IV and V all serve to look in more depth at the relationship between age in later life and other demographic factors (gender, education, and marital status, respectively) as they bear on medical, psychosocial or concrete service problems noted at first evaluations. No F tests were done on the data in these three tables because of the small numbers of subjects in each cell. Still, certain patterns appear to have emerged. All three tables illustrate the same downward trend from medical to psychosocial to concrete service problems, both for males and females, educated and uneducated and married and unmarried in all decades. Further, none of the three variables (gender, education, marital status) appear by themselves to have an effect on number or type of problems noted.

Tables VI-IX parallel Tables II-V, except that they address problems

Table II

MEAN NUMBER OF PROBLEMS NOTED AT FIRST EVALUATION

BROKEN DOWN BY DECADE

	Total	60-69	70-79	80-89
N	60	20	20	20
Mean number of total problems	3.43	2.85	4.23	3.20
Mean number of medical problems	2.29	2.13	2.70	2.03
Mean number of psychosocial problems	0.50	0.63	0.63	0.25
Mean number of concrete service problems	0.08	0.00	0.00	0.23

None of the F tests comparing number of problems across the three decades were significant.

Table III

MEAN NUMBER OF PROBLEMS NOTED AT FIRST EVALUATION

BROKEN DOWN BY DECADE AND GENDER

	Total		60-69		70-79		80-89	
	M	F	M	F	M	F	M	F
N	11	49	5	15	1	19	5	15
Mean number of total problems	3.27	3.46	3.30	2.70	1.50	4.37	3.60	3.07
Mean number of medical problems	2.55	2.23	2.70	1.94	1.50	2.76	2.60	1.84
Mean number of psychosocial problems	0.23	0.56	0.40	0.70	0.00	0.66	0.10	0.30
Mean number of concrete service problems	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.06

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Table IV

MEAN NUMBER OF PROBLEMS NOTED AT FIRST EVALUATION BROKEN DOWN BY DECADE AND EDUCATION LEVEL

	Total			60-69			70-79			80-89		
	1*	2**	3***	1	2	3	1	2	3	1	2	3
N	10	16	6	4	5	2	3	8	1	3	3	3
Mean number of total problems	3.21	2.91	3.02	4.13	2.70	2.50	2.84	3.00	5.50	2.34	3.33	2.54
Mean number of medical problems	2.25	1.63	2.10	2.38	1.80	3.00	1.67	1.51	4.00	2.67	1.67	0.81
Mean number of psychosocial problems	0.85	1.26	0.34	1.63	2.40	0.00	0.50	1.01	1.00	0.17	0.00	0.34
Mean number of concrete service problems	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00

1* = less than high school graduate
2** = high school graduate/some college
3*** = college graduate/plus

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Table V

MEAN NUMBER OF PROBLEMS NOTED AT FIRST EVALUATION BROKEN DOWN BY DECADE AND MARITAL STATUS

	Total				60-69				70-79				80-89			
	1*	2**	3***	4****	1	2	3	4	1	2	3	4	1	2	3	4
N	10	22	7	16	5	2	5	6	2	11	2	4	3	9	0	6
Mean number of total problems	3.95	3.03	4.29	3.40	2.60	1.75	4.00	2.92	6.75	3.60	5.00	4.33	4.33	2.62	-	3.25
Mean number of medical problems	2.80	2.00	2.14	2.50	2.60	1.25	2.50	2.17	5.50	2.18	1.25	3.88	1.34	1.95	-	1.92
Mean number of psychosocial problems	0.20	0.57	1.36	0.35	0.00	0.50	1.50	0.67	0.50	0.78	1.00	0.25	0.34	0.33	-	0.09
Mean number of concrete service problems	0.00	0.05	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.13	0.00	0.11	-	0.00

1* = married
2** = widowed
3*** = separated/divorced
4**** = never married

noted on the basis of all the appointments of each subject (while in a given decade). In all of these latter tables, as in the earlier ones, the tendency is toward a marked predominance of medical problems. Although psychosocial and concrete service problems continue to appear much less frequently than do medical ones, still they are more evident in these tables (i.e., presumably after patients have become more integrated within the clinic) than in the earlier tables (i.e., on initial evaluation only).

The data in Table VI is similar to that in Table II in that subjects in their 60's, 70's and 80's exhibit no significant differences from each other in any of the three specific domains of interest (medical, psychosocial, concrete service) or in number of total problems noted (based on four one-way ANOVAs). Patient-staff discrepancy is minimal, except in the 60's subsample, in which subjects tend to report considerably more medical, psychosocial and concrete service problems than as reported by staff.

Table VII, VIII and IX explore the relationship between age and gender, education and marital status, respectively, as reflected in problems noted across appointments. Again, no F tests were conducted because of the limited cell sizes; however, certain patterns seem noteworthy. Results in Table VII, comparing male and female differences, suggest a somewhat advantageous position for males in the 60's and 70's and for females in the 80's, across all types of problems. Table VIII, comparing educational levels, suggests that a middle level of education (high school graduate/some college) may be more associated with all types of problems in all three decades than is either a relatively low or relatively high educational level. No clear relationship between marital status, age or types or extents or problems is discernible in Table IX.

Table VI

MEAN NUMBER OF PROBLEMS NOTED ACROSS ALL APPOINTMENTS

BROKEN DOWN BY DECADE

	Total	60-69	70-79	80-89
N	60	20	20	20
Mean number of total problems	12.05	11.18	12.33	12.65
Mean number of medical problems	9.59	8.40	9.83	10.55
Mean number of psy psychosocial problems	1.65	1.93	1.78	1.23
Mean number of concrete service problems	0.75	0.65	0.73	0.88

None of the F tests comparing number of problems across the three decades were significant.

Table VII

MEAN NUMBER OF PROBLEMS NOTED ACROSS ALL APPOINTMENTS

BROKEN DOWN BY DECADE AND GENDER

	Total		60-69		70-79		80-89	
	M	F	M	F	M	F	M	F
N	11	49	5	15	1	19	5	15
Mean number of total problems	11.36	12.20	7.50	12.40	9.00	12.50	15.70	11.63
Mean number of medical problems	9.45	9.66	6.20	9.14	7.00	9.98	13.20	9.77
Mean number of psychosocial problems	1.45	1.73	1.00	2.24	0.50	1.84	1.70	1.07
Mean number of concrete service problems	0.51	0.75	0.25	0.77	1.50	0.69	0.80	0.90

Table VIII

MEAN NUMBER OF PROBLEMS NOTED ACROSS ALL APPOINTMENTS BROKEN DOWN BY DECADE AND EDUCATION LEVEL

	Total			60-69			70-79			80-89		
	1*	2**	3***	1	2	3	1	2	3	1	2	3
N	10	16	6	4	5	2	3	8	1	3	3	3
Mean number of total problems	8.30	16.09	7.39	10.38	16.40	6.50	7.00	14.26	12.50	8.83	20.67	6.27
Mean number of medical problems	6.40	11.78	6.42	6.25	10.60	6.00	5.50	10.07	12.00	7.50	17.50	4.84
Mean number of psychosocial problems	1.25	3.18	0.84	2.25	4.80	0.50	0.67	3.13	0.50	0.50	1.67	1.17
Mean number of concrete service problems	0.81	0.98	0.59	1.13	1.00	1.50	0.84	1.07	0.00	0.34	0.73	0.17

1* = less than high school graduate
2** = high school graduate/some college
3*** = college graduate/plus

Table IX

MEAN NUMBER OF PROBLEMS NOTED ACROSS ALL APPOINTMENTS BROKEN DOWN BY DECADE AND MARITAL STATUS

	Total				60-69				70-79				80-89			
	1*	2**	3***	4****	1	2	3	4	1	2	3	4	1	2	3	4
N	10	22	7	16	5	2	5	6	2	11	2	4	3	9	-	6
Mean number of total problems	12.90	11.27	13.43	12.13	11.90	6.50	11.90	12.09	10.00	12.18	17.25	12.75	16.50	11.22	-	11.75
Mean number of medical problems	10.75	8.98	9.07	9.88	9.60	5.00	8.10	8.59	9.75	9.41	11.50	12.25	13.34	9.34	-	9.59
Mean number of psychosocial problems	1.05	1.41	3.11	2.03	1.00	1.00	2.50	3.00	0.25	1.87	4.65	1.13	1.67	0.95	-	1.67
Mean number of concrete service problems	0.70	0.89	0.93	0.53	0.50	0.50	0.30	0.50	0.00	0.91	1.00	0.63	1.50	0.95	-	0.50

1* = married
1** = widowed
2*** = separated/divorced
3
4**** = never married

Although the study is highly exploratory in nature, two findings appear striking enough to warrant further consideration. The first is that no differences are revealed between decades, either at first evaluation or across all appointments, in any domain: medical, psychosocial or concrete services. From this, one might speculate that beyond age 60, age alone contributes little to the extent of problems experienced. It would appear that when differences in extents of problems are noted, they are likely to be attributable to factors other than age per se, perhaps in part to education and gender, perhaps in part to other, as-yet unidentified factors. It is these other factors which merit further study.

Second, as noted earlier, subjects in this study tend to be portrayed with more psychosocial and concrete service problems in later appointments than were raised in the first evaluation session. Perhaps these problems did not exist at the time of the initial evaluation or perhaps they did exist but were not noted for one reason or another. The point here is that first evaluations may present misleading notions of the types of problems which older people are facing.

Lastly, it should be noted that although this study focused on both numbers and types of problems, it did not look in depth at specific problems (e.g., types of medical, psychosocial or concrete service problems) nor did it examine severity of these problems. Further study may reveal age differences moreso in these realms than in the broader realms highlighted in the present study.

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